

Business Credential Application

Safety and Buildings Division
 201 W. Washington Avenue
 P.O. Box 7082
 Madison WI 53707-7082
 Phone (608) 261-8500
 TDD #: (608) 264-8777
 7:45 a.m. - 4:30 p.m.
 www.commerce.state.wi.us

**THE CREDENTIAL WILL NOT BE
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The contact person for a business credential must be the owner of the business, a partner applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of a corporation. The business FEIN number or contact person social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the contact person swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Contact Person's Signature	Date (mo/day/yr)	Contact Person's Title																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Business Information</td> <td style="width: 70%;"></td> </tr> <tr> <td>Federal Employer Identification Number (FEIN):</td> <td></td> </tr> <tr> <td>Business Name:</td> <td></td> </tr> <tr> <td>No. & Street, or P.O. Box:</td> <td></td> </tr> <tr> <td>City, Town or Village, State, Zip + 4 Code:</td> <td></td> </tr> <tr> <td>Country, If Other Than United States:</td> <td></td> </tr> <tr> <td>Business Telephone No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Business Fax No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Business Internet Address:</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 5px;">We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.</td> </tr> </table>	Business Information		Federal Employer Identification Number (FEIN):		Business Name:		No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Business Telephone No. (include area code):		If Available, Business Fax No. (include area code):		If Available, Business Internet Address:		We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Contact Person Information</td> <td style="width: 30%;"></td> </tr> <tr> <td>Contact Person's Social Security No:</td> <td></td> </tr> <tr> <td>Contact Person's Name (First, Middle and Last):</td> <td></td> </tr> <tr> <td>Home Address No. & Street, or P.O. Box:</td> <td></td> </tr> <tr> <td>City, Town or Village, State, Zip + 4 Code:</td> <td></td> </tr> <tr> <td>Country, If Other Than United States:</td> <td></td> </tr> <tr> <td>Home Telephone No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Home Fax No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Home Internet Address:</td> <td></td> </tr> </table>	Contact Person Information		Contact Person's Social Security No:		Contact Person's Name (First, Middle and Last):		Home Address No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Home Telephone No. (include area code):		If Available, Home Fax No. (include area code):		If Available, Home Internet Address:	
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FIREWORKS MANUFACTURER LICENSE

Credential Fee (nonrefundable): \$70.00

class code 8262

Make checks payable to: Safety and Buildings Division. The credential will be effective for 4 years from the date of issuance. Applications may be hand delivered to 201 W. Washington Ave, Fourth Floor, Madison, WI between the hours of 7:45 a.m. and 4:30

p.m., Monday through Friday.

New Comm 5 Changes affecting your license: Rule revisions effective August 1, 2004, adjusted the length of terms for some Safety and Buildings Division credentials. Fees were not increased nor were continuing education requirements increased, but were adjusted accordingly to reflect the longer license cycle. The total renewal fee and the required continuing education hours changed as the credentials went from two- or three-year terms to four-year terms. For specific code language, see Comm 5.06 (online at <http://www.commerce.state.wi.us/SB/SB-DivCodesListing.html>).

Reason for Credential: Pursuant to s. 167.10 (6m), Stats., no person may manufacture fireworks or a listed device in this state unless the person holds a credential issued by the department as a licensed fireworks manufacturer.

Requirements of Credential: A fireworks manufacturer license shall be obtained and held for each plant where fireworks or listed devices are to be manufactured. The address of the plant shall be the same as the address filled in under the business information. A fireworks manufacturer license shall be posted at each plant where fireworks are to be manufactured.

Qualifications for Credential: A person applying for a license as a fireworks manufacturer shall attach to this form a photocopy of the following:

1. A federal license issued under 18 USC Chapter 40 Section 843.
2. An inspection report from Safety & Buildings Division that says the fireworks manufacturer plant had an acceptable inspection completed within sixty days of the date the division receives the application.

The Federal Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms (ATF) issues the federal license. Please contact the ATF to obtain the federal license. Your federal representative or senator may have the phone number for the ATF. The federal license must contain the name of the person who is applying on behalf of the business and the expiration date of the federal license shall be sometime in the future.

In order for the inspection report to be acceptable the inspection report shall contain all of the following information:

- name and address of the plant;
- name of Safety & Buildings staff person who did the inspection;
- date of the inspection; and
- a statement explaining that the plant met all the requirements of ch. Comm 9, and ch. 167.10, Stats.

The inspection is considered to be the first step in the application process. To schedule an inspection contact one of the following Safety & Buildings Division staff:

City	Phone	Name
Green Bay	(414) 687-0483	Patrick Murphy
Madison	(608) 267-4434	Eric Hands

Note: Chapter Comm 9, Wisconsin Administrative Code requires an inspection of the fireworks manufacturing plant at least once a year. Once a fireworks manufacturing license is issued the division will notify the plant when an inspection is needed.